FILE

JAN 1 8 2006

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

DEAN HELLER SECRETARY OF STATE

NAME DAVE AH MAILING ADDRESS 340 S. ADA ST. CITY, STATE, ZIP FALLON NV 87406 TELEPHONE 275-473.5938	LENGTH OF RESIDENCE IN NEVADA	
Public: Office Public: Office Public: Office Appointed (A) Compens CHURCHILL COUNTY SCHOOL BOND E \$ 1 92	ANNUAL CAN all elected and (no appointed public the officers (no later than Jan 15 each year) al Term or NRS READSCLUB 281	IDIDATE later than 10° day the last day valify as a indidate) NRS NRS NRS NRS Secretar 28' 559(1)(a)
List all general sources of income for you and members of you FALLON FAMILY DRUG	r household over 18 years of age [NRS 26	81 571, Subsection 1(b)]: Self Household Member —
List each creditor to whom you or a member of your household or deed of trust on real property which is not required to be list vehicle for personal use was retained by seller] [NRS 281.571, Su	ed below, and (2) debt for which a secui	
		Self Household Member
BANK OF AMERICA		🖾 🗆
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firm, business, trust joint venture, sync involved as a trustee, beneficiary of a to a class of stock or security representing	rust, director, officer, owner in wi	hole or in part, limited or general p	artner, or	holder of
[NRS 281 571, Subsection 1(f)]	, , , , , , , , , , , , , , , , , , , ,	,		Househok
_			Self	Member
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List specific location and particular use your household has a legal or beneficial state or an adjacent state [NRS 281.571,	al interest; (2) the fair market val	ue of which is \$2,500 or more; and	ou or a mo d (3) locate	ember of ed in this
Specific Local		Particular Use		
List the identity of donor and value of during the preceding taxable year [exconsanguinity or affinity; and (2) ceremoccasion if the donor does not have a s [NRS 281 571, Subsection 1(e)]:	ept (1) a gift received from a penonial gifts received for a birthda	erson who is related to you within to y, wedding, anniversary, holiday o	the third d ir other ce	legree of remonial
,	Donor	•	Value o	of Gift
				·
THE INFORMATION I HAVE PROVID	ED HEREIN IS ACCURATE AN	D COMPLETE.		
		42		
Dale /-/5-06	Signature // O.L.			

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership,